

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines

12FE4M5

Assurant Inc. Political Action Committee

ADDRESS (number and street)

501 West Michigan Street☐ (Check if address is changed)**Milwaukee****WI****53203**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address is changed)**Steve.Swanson@assurant.com**

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)2. DATE

| | |
|---|---|
| M | M |
| 0 | 3 |

 /

| | |
|---|---|
| D | D |
| 2 | 6 |

 /

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

3. FEC IDENTIFICATION NUMBER

C C001856944. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer **Mr. Steve Swanson**Signature of Treasurer Electronically Filed by **Mr. Steve Swanson**

Date

| | |
|---|---|
| M | M |
| 0 | 3 |

 /

| | |
|---|---|
| D | D |
| 2 | 6 |

 /

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
Only**For further information contact:**
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2009)